SPONSOR'S MONTHLY INCOME AND RESOURCES REPORT

THIS REPORT IS FOR THE MONTH OF

GIVE THIS TO YOUR SPONSOR

COMPLETE, SIGN, DATE AND RETURN THIS FORM AFTER:

Noncitizen's Name and Address

CASE NUMBER CASE NAME

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- You and your spouse (if living together or if spouse has signed an affidavit of support) must complete and sign this report and return it immediately to the noncitizen you sponsor.
- The noncitizen must complete, sign and date the form and, give it to sponsor by the 5th of the month. If a complete report, including verification, is not received by the 11th of the month, the noncitizen's Cash Aid may be delayed, lowered, or stopped.

Call the county if you need help completing this form.

WORKER: PHONE: Sponsor's Name (First, Middle, Last) 1 Answer the following questions for your spouse if she/he is living with you OR has signed an affidivait of support. Sponsor's Spouse's Name (If Living Together) (First, Middle, Last) Has sponsor's spouse signed an **YES** NO 2 affidavit of support? Do you or your spouse receive Cash Aid, such as California Work Opportunity and Responsibility to Kids YES NO (CalWORKs) or Supplemental Security Income (SSI)? If YES, complete below: **STATE CASE NAME DATE OF BIRTH** COUNTY **TYPE OF CASH AID** If both you and your spouse (who is living with you) receive Cash Aid, skip to Question 10 and complete the Certification Section. Did you and/or your spouse receive income, money or benefits in the month, such as: earnings, training payments, earned income tax credit, strike benefits, social security, railroad retirement, unemployment or disability insurance, interest, worker's compensation, SSI/SSP, child/spousal support, loans, grants, tax YES NO refund, cash gifts, free housing/utilities, etc.? If YES, list who received income, employer's name or other source of income, gross amount before deductions, and actual date received. Attach pay stubs or other proof of earnings each month. Attach proof for any other income only when it starts and when it changes. If self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses. SOURCE AMOUNT AMOUNT AMOUNT NAME AMOUNT AMOUNT DATE RECEIVED DATE RECEIVED DATE RECEIVED DATE RECEIVED DATE RECEIVED NAME SOURCE AMOUNT AMOUNT AMOUNT AMOUNT AMOUNT DATE RECEIVED DATE RECEIVED DATE RECEIVED DATE RECEIVED DATE RECEIVED Did you or your spouse have any changes in personal and/or real property in the month such as: receive, NO YES 5 buy, sell or give away a motor vehicle, camper, boat, land or house, etc.? If YES, explain the type of change, date of change and the amount, if applicable: Did you or your spouse have a checking, savings or credit union account open at the end of the month? YES NO If YES, complete below: Whose Account? Balance On Last Day of Whose Account? Balance On Last Day of Credit Union Credit Union Report Month Report Month Checking Checking \$ Savings Savings COUNTY USE ONLY WORKER INITIALS DATE

Was there a change in the number of purposes by you or your spouse? If Y			dependents for federal	income tax	☐ YES	□ NO	
NAME OF PERSON(S) DOES F	PERSON LIVE SPONSOR?	DATE OF CHANGE	EXPL	AIN WHAT CHA	NGED		
☐ YE	s 🗆 no						
	s 🗆 NO						
Mag there a change in navmente mad		who are claimed	d as federal income tax	dependents who	YES	NO	
are not living with you or your spouse? If YES, explain what changed, list nam	?			acpoindonic who	_ TES		
Did you or your spouse pay any court- If YES, enter the amount paid and atta			?		☐ YES	□ NO	
Do you or your spouse have any oth number of noncitizens that you spor income, etc.? If YES, explain the change and if it is explain the change and change and it is explain the change and change and change and ch	nsor and who	will receive C	ash Aid, recent or exp	ected changes in		□ NO	
	CE	RTIFICATION	SECTION				
 I understand that the term for Sponsors I understand that failing to report inform of a fine, imprisonment or both. I understand that I may be required the information. SPONSOR'S CERTIFICATION I declare under penalty of perjury under correct and is complete for the entire re 	nation or misro to repay any er the laws of	epresentation of benefits which	f facts for Cash Aid ca are overpaid becaus	e of incorrectly o	r incompletely	reported	
SIGNATURE OF SPONSOR	port month.				DATE		
SIGNATURE OF SPONSOR'S SPOUSE (IF LIVING TOSTTUED OR S	ICNED AN AFFIDAVI	T OF SUPPORT			DATE		
SIGNATURE OF SPONSOR'S SPOUSE (IF LIVING TOGETHER OR S	IGNED AN AFFIDAVI	I OF SUPPORT)			DATE		
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER P		DATE					
NONCITIZEN'S CERTIFICATION I have reviewed this signed and complet of California that, to the best of my known report month. NONCITIZEN'S OR DECLARANT'S SIGNATURE OR MARK							
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PROPERTY.		DATE					
		COUNTY USE	ONLY				
Evaluation of Sponsor/Sponsor's Spouse					Food Stamps Sponsor/Sponsor's Spouse		
Real/Personal Property Resources	Sponsor/Sp	onsor's Spouse	Income Computation		e Computation		
A. ITEMS VALUE	l			A. Earned Incon	ne \$		
\$ \$	A. Earned		\$	B. Less 20%			
\$		ed Income	+	C. Unearned Inc			
\$ \$	C. Subtotal	C. Subtotal = D. Total number of sponsored		D. Gross Income Deduction for sponsor's household size			
B. Total \$	noncitize	ens applying for/re					
C. Less: Food Stamp CW FS	CalWOF		÷	E. Subtotal F. Total number	of energy and		
Deduction (\$1500) - X \$1500	E. Divide C	ру D		noncitizens a	•		
D. Subtotal = E. Total number of sponsored	F. Subtotal		=	for/receiving I			
noncitizens apply		of sponsored nor	ncitizens	Stamps	· —		
for/receiving CW/FS	in this A			G. Divide E by F			
F. Divide D by E = G. Total	H. Multiply	E by F	X	H. Total	=		
Amount in G to b eincluded in each noncitizen's property limits.	I. Total	. h.a. da a sa a d la ca	= me for entire AU	Amount in H to be deemed income for each sponsored noncitizen.			